

PAY ACCOUNTING SHEET

GRANT NAME/YEAR:	ODP	2005	EIN#	
-------------------------	------------	-------------	-------------	--

AGENCY/LOCALITY:		TELEPHONE #:	
CONTACT PERSON:		TELEPHONE #:	
ADDRESS:			
EMAIL ADDRESS:			

GRANT/AWARD AMOUNT GRANT AWARD	EQUIPMENT PURCHASED				GRANT BALANCE	INVOICE DATE	APPROVED	
	CATEG.	COST/ UNIT	# UNITS	TOTAL COST			YES	NO

APPROVED EXCEPTIONS FROM REQUIRED LIST:
